Full Name of Party Submitting This Document	
Mailing Address (Street or Post Office Box)	
City, State and Zip Code	
Telephone Number	
IN THE DISTRICT COURT OF THE THE STATE OF IDAHO, IN AND F	JUDICIAL DISTRICT OF OR THE COUNTY OF
	_, Case No.:
	JUDGMENT AND ORDER OF EVICTION
Plaintiff(s), vs.	
Defendant(s).	_,
Plaintiff appeared. [ ] Defendant appe	eared.
IT IS ORDERED:	
The possession of the premises descril	bed as
remove himself/herself/themselves, family and Plaintiff(s) is/are awarded costs and d 6-311A in the amount of \$	lisbursements as allowed by Idaho Code Section to be paid by Defendant(s).
·	issue to the Sheriff of this County to remove the
Defendant(s) from the premises.	agent of the parties
[ ] This judgment is based on the agre	·
DATE:,	
	Judge

## CLERK'S CERTIFICATE OF SERVICE

I certify that a copy was served: (name	ne all parties or their attorneys in the case, including yourself)
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То:	
(Name)	[ ] By Hand-delivery [ ] By Mailing
(Address)	[ ] By Fax
(City, State and Zip)	
Date:	
	Deputy Clerk